

10-09-09

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	K & L Gates LLP 3580 Carmel Mour Suite 200 San Diego, CA 921 09/2009 RNEBRAH1 0000	130 10104 021818 1071245	6			"Express M I hereby ce States Post under 37 C Mail Stop	Certificate of I fail" Mailing Lat- rtify that this par al "Express Mail FR §1.10 on the Issue Fee Commi Office, P.O. Box Dost	pel Nur per is be Post O date in ssioner (1450,	nber EM 315 eing deposite ffice to Addi dicated above for Patents, Alexandria,	d with the ressee" See and is a U.S. Pat VA, 223	US te United tervice addressed to: ent and	
	FC:1501 1510.00 FC:1504 300.00						October 0	7, 2009			(Date)	
03 E	C:8004 LICATION NO. 00	PA FILING DATE	I	FIRST NAMED IN		NVENTOR	ATTORNEY DO					
	10/712,456	11/12/2003		Lawr	rence C. I	łamann	380	0024.005	660 / 4207		9300	
	TITLE OF INVENTION: OPEN CHAIN PROLYL UREA-RELATED MODULATORS OF ANDROGEN RECEPTOR FUNCTION											
	APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE		PREV. PAID ISSUE FEE TOTAL F		TOTAL FEE	(S) DUE	DATE DUE	
	NONPROVISIONAL	NO	\$1510		\$300		\$0 \$1,8		\$1,810		10/07/2009	
	EXAMINER		ART UNI	Т	CLASS-SUBCLASS							
	BALASUBRAMANIAN, VENKATARAMAN		1624			14-428000						
	1. Change of corresponder (37 CFR 1.363).] Change of correspondence Address] "Fee Address" indi- PTO/SB/47; Rev 03-02 Customer Number is:	i. ation form	the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 1. K& L Gates LLP 2. Stephanie Seidman									
	3 ASSIGNEE NAME AN	ID RESIDENCE DATA TO B	E PRINTED O	N THE P	PATENT	(print or type)						
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)											
	Bristol-Myers Squi	inceton	ton, New Jersey									
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4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [X] Advance Order - # of Copies					4b. Payment of Fee(s): [] A check in the amount of(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number02-1818 (enclose an extra copy of this form).							
	5. Change in Entity Status (from status indicated above) [] a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7. [] b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.2.7.(g)(2).											
	The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered agent or; or the assignee or other party in interest as shown by the records of the Untited States Patent and Trademark Office.											
	(Authorized Signature)					(Date) October 07, 2009						
	Typed or Printed Name	Stephanie Scidman			Registration No. 33,779							

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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San Diego, CA 9213			Stefanie	Stefanie Dost						
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)	(Date)					
APPLICATION NO.	FILING DATE		FIRST NAMEI	INVENTOR	ATTORNEY D		CKET NO. CONFIRMATION NO.			
10/712,456				. Hamann	3800024.005	560 / 4207	9300			
TITLE OF INVENTION: C	OPEN CHAIN PROLYL URE	A-RELATED M	IODULATOR	S OF ANDROGE	EN RECEPTOR FUNCTION	ı				
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EXAM	INER	ART UNIT	CLAS	S-SUBCLASS						
BALASUBRAMANIA	N, VENKATARAMAN	1624	5	14-428000						
(37 CFR 1.363).	e address or indication of "Fed dence address (or Change of form PTO/SB/122) attached.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2							
	ation (or "Fee Address" Indica or more recent) attached. Use o equired.		registered patent attorneys or agents. If no name is listed, no name will be printed. 3. Frank J. Miskiel							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY)										
Bristol-Myers Squib	b Company		Princeto	on, New Jerse	ey					
Please check the appropriate	e assignee category or categor	ies (will not be p	orinted on the	patent): [] ir	ndividual [X] corporation o	r other private group entity	y [] governm			
4a. The following fee(s) are [X] Issue Fee [X] Publication Fee (No s [X] Advance Order - # of	small entity discount permitted	d) —	4b. Payment of Fee(s): [] A check in the amount of(s) is enclosed. [] Payment by credit card. Form PTO-2038 is attached. [X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-1818 (enclose an extra copy of this form).							
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(Authorized Signature)				(Date) Oct	Date) October 07, 2009					
Typed or Printed Name S	stephanie Seidman	· · · · · · · · · · · · · · · · · · ·		Registration No. 33,779						
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